

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Business Compliance Division
BWP HW 28 Permit Application
2004 VID Fee for Licensed Hazardous Waste Transporters

Transmittal Number

Company Name

Tax ID # (if known)

A. General Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



If prepared by the applicant, enter "same as #1," and move on to item 3, otherwise please complete all items.

1. Applicant Information - firm or individual needing a DEP approval or determination:

a. First Name of Legally Responsible Official

b. Last Name of Legally Responsible Official

c. Company Name as Appears on Massachusetts HW Transporter License

d. Street Address/PO Box

e. City/Town

f. State

g. Zip Code (nine digit)

h. Telephone number

i. Ext.

j. Fax number

k. E-mail address

2. Preparer/Contact Information:

a. First Name of Preparer/Contact

b. Last Name Preparer/Contact

c. Company Name

d. Street Address/PO box

e. City/Town

f. State

g. Zip Code (nine digit)

h. Telephone number

i. Ext.

j. Fax number

k. E-mail address

3. Facility or Regulated Activity:

a. DEP Facility ID (if known)

b. EPA ID #

c. U.S. DOT #

d. MA Hazardous Waste Transporter License #

B. Fee Calculations for 2004 VIDs (cards/stickers)

For each quarter in the Accounting Period, enter the **volume in pounds** of all non-exempt hazardous waste transported for that quarter's MA Hazardous Waste Transporters Fee (MA HWT Fee).

a. lbs. 4/1/02 – 6/30/02

b. lbs. 7/1/02 – 9/30/02

c. lbs. 10/1/02 – 12/31/02

d. lbs. 1/1/03 – 3/31/03

e. lbs. Total lbs. transported in Accounting Period [a+b+c+d] f. \$ Calculated 2004 VID Fee (Total lbs.[e] X \$0.0014 /lb.)

g. \$ 2004 VID FEE OWED (Calculated 2004 VID Fee or \$50 minimum default, whichever is greater)



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C. Vehicle Identification Device (VID) Registration for Current Vehicles

Current Vehicles: This section is for listing only vehicles currently holding MA VIDs. For each vehicle, indicate the status or leave the status blank. For vehicles with new registration or for which the VID card has been lost, you may then request replacement cards/stickers in Section E. Note that for added vehicles, i.e., for vehicles for which you are newly applying for VID cards & stickers, use the Vehicle Identification Device Form in Section D.

For Vehicles With **Current** MA Vehicle Identification Devices (VIDs):

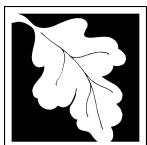
Number of Stickers ordered: _____

Status KEY:
X = No longer in service in MA
R = New registration and need new VID card and sticker (see Section E)
L = Lost card and need new VID card and sticker (see Section E)
Leave Blank if vehicle remains in service and R and L do not apply.

If you are submitting hard copy, you may submit data in your own format provided that all the information is included.

If you are submitting hard copy and you have additional vehicles currently registered with VIDs, please make copies of this page.

	Status	VID #	VIN #	Registration	State	Transporter Vehicle # (opt.)
1.	X, R, L	_____	_____	_____	_____	_____
2.	X, R, L	_____	_____	_____	_____	_____
3.	X, R, L	_____	_____	_____	_____	_____
4.	X, R, L	_____	_____	_____	_____	_____
5.	X, R, L	_____	_____	_____	_____	_____
6.	X, R, L	_____	_____	_____	_____	_____
7.	X, R, L	_____	_____	_____	_____	_____
8.	X, R, L	_____	_____	_____	_____	_____
9.	X, R, L	_____	_____	_____	_____	_____
10.	X, R, L	_____	_____	_____	_____	_____
11.	X, R, L	_____	_____	_____	_____	_____
12.	X, R, L	_____	_____	_____	_____	_____
13.	X, R, L	_____	_____	_____	_____	_____
14.	X, R, L	_____	_____	_____	_____	_____
15.	X, R, L	_____	_____	_____	_____	_____
16.	X, R, L	_____	_____	_____	_____	_____
17.	X, R, L	_____	_____	_____	_____	_____
18.	X, R, L	_____	_____	_____	_____	_____
19.	X, R, L	_____	_____	_____	_____	_____
20.	X, R, L	_____	_____	_____	_____	_____



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D. VIDs for Added Vehicles

DEP Use Only	date received	# VID cards made
	# stickers printed	date cards/stickers logged
	date VID cards/stickers mailed/picked up	

Street Address

City

State

Zip Code (nine digit)

Preparer/Contact Name

Telephone Number

Ext.

Total # of VID Cards Ordered (Section D & E)

Total # of Stickers Ordered (Section D & E)

**ADDED
VEHICLES**

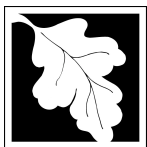
List the additional vehicles for which you are applying for VID cards/stickers. ☐ No additional vehicles.

If you are submitting hard copy, you may submit data in your own format provided that all the information is included.

1.	Year	Make	Model	Color	Capacity	<input type="checkbox"/> owner/operator <input type="checkbox"/> leased
		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
2.	Year	Make	Model	Color	Capacity	<input type="checkbox"/> owner/operator <input type="checkbox"/> leased
		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
3.	Year	Make	Model	Color	Capacity	<input type="checkbox"/> owner/operator <input type="checkbox"/> leased
		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
4.	Year	Make	Model	Color	Capacity	<input type="checkbox"/> owner/operator <input type="checkbox"/> leased
		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
5.	Year	Make	Model	Color	Capacity	<input type="checkbox"/> owner/operator <input type="checkbox"/> leased
		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
6.	Year	Make	Model	Color	Capacity	<input type="checkbox"/> owner/operator <input type="checkbox"/> leased
		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)

If you are submitting hard copy and more entries are required, please make copies of this page.

☐ I am filing electronically and I have additional vehicles to register for VIDs.



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E. VID Replacement Cards/Stickers for New Registrations/Lost Cards

**SAME
VEHICLE:
New VIDs for
Vehicles with New
Registrations
or Lost
Cards**

If you are
submitting hard
copy, you may
submit data in
your own format
provided that all
the information is
included.

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If you are
submitting hard
copy and more
entries are
required, please
make copies of
this page.

Use if applicable		Year	Make	Model	Color	Capacity
1.	old VID #	VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> owner/operator						
<input type="checkbox"/> leased						
2.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						
3.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						
4.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						
5.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						
6.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						
7.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						
8.	old VID #	Year	Make	Model	Color	Capacity
<input type="checkbox"/> owner/operator		VID #	VIN #	Registration	State	Transp. Vehicle # (opt.)
<input type="checkbox"/> leased						



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F. Confidentiality Request

You may request in writing that the Department keep confidential part or all of any documentary material or data submitted to the Department if such material or data, if made public, would divulge a trade secret. You are advised to read 310 CMR 3.00 carefully before making such a request because only certain material or data may properly be the subject of a request for confidentiality.

G. Certification

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and, based on my inquiry of those individuals immediately responsible for obtaining the information, that I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

- a. _____
Print Name
- b. _____
Authorized Signature
- c. _____
Position/Title
- d. _____
Date

For DEP Use Only

VIDs		Stickers	
Calculated	Verified Count	Calculated	Verified Count



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BWP HW 28 Application Completeness Check List

2004 VID Fee for Licensed Hazardous Waste Transporters

To submit an application to DEP, follow the steps described below:

- | Step | Action |
|-----------------------------|---|
| 1. <input type="checkbox"/> | Complete a DEP Transmittal Form |
| 2. <input type="checkbox"/> | Complete the BWP HW28 Application Form, including all specified information. |
| 3. <input type="checkbox"/> | Submit a complete copy of the application package including the Transmittal Form and a BWP HW28 Application Form with the specified attachments to:

<div style="text-align: center;">Bureau of Waste Prevention, Business Compliance Division
Hazardous Waste Transporter Program
One Winter Street, 8th Floor
Boston, MA 02108</div> |
| 4. <input type="checkbox"/> | Submit the application fee as calculated in the Application Form as a check or money order payable to the Commonwealth of Massachusetts along with a photocopy of the DEP Transmittal Form to:

<div style="text-align: center;">Department of Environmental Protection
Revenue Office
P.O. Box 4062
Boston, MA 02211</div> |
| 5. <input type="checkbox"/> | Retain a copy of the complete application package for your files. |

**For assistance
with this
application**

Contact the Bureau of Waste Prevention, Business Compliance Division at:
617-292-5576